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PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	OSTEONICS 3.0-380
		First Named Inventor	Kathy K. Wang
COMPLETE IF KNOWN			
		Application Number	Not Yet Assigned
		Filing Date	February 8, 2002
		Group Art Unit	N/A
		Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

POROUS METALLIC SCAFFOLD FOR TISSUE INGROWTH

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application No. and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent Application

POWER OF ATTORNEY. As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 000530

Direct all correspondence to

Customer Number
or Bar Code Label



OR Correspondence address below

000530

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned Inventor

Given Name
(first and middle [if any])

Kathy K.

Family Name
or Surname

Wang

Inventor's
Signature

Date

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NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned Inventor

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(first and middle [if any])

Nicholas Nai Guang

Family Name
or Surname

Dong

Inventor's
Signature

Date

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State

07424

ZIP

Country

Additional inventors are being named on the

1

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/02A (11-00)
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DECLARATION			ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Michael		Family Name or Surname Meehan
Inventor's Signature		Date		
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City	NJ	ZIP	07465	Country
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	ZIP	Country	
Name of Additional Joint Inventor, if any:			<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature		Date		
Residence: City	State	Country	Citizenship	
Mailing Address:				
City	State	ZIP	Country	